

Part 2 never received 3/13

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: Q-399
L. S. Elevation: _____
E-log #: _____

County: Harrison

Permit #: _____

Driller: Coast Water Wells, Inc.

Date drilling completed: 3-18-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Joe Sells</u>	Latitude: <u>30° 22' 45" 23</u> Longitude: <u>089° 13' 12" 07</u>
Mailing Address: <u>Duby Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Gulfport, MS 39530</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 5 Twn T8 S Rng R12 W</u>
Telephone No. <u>228-234-2025</u>	Distance <u>2</u> Miles Direction <u>NORTH</u> of Nearest Town <u>PASS CHRISTIAN</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-17-08 Date well drilling completed: 3-18-08

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 15 feet above or (below) (circle one) land surface Date measured: 3-18-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 390 FT. Well depth: 390 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 375 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 375 feet to 390 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

RECEIVED

APR 10 2008

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level _____

--

Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange Clay	2	32
White coarse sand	32	38
Blue Clay	38	365
Gray Medium Sand	365	390

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Joe Sells

Jack R. [Signature]

Signature of Water Well Contractor

RECEIVED
APR 10 2008
BY: OLWR